



Yeshiva University

Office of Student Accounts

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THIRD PARTY PAYMENT AUTHORIZATION FORM

STUDENT'S NAME: _____ YUID# _____

PARENT'S NAME: _____ Tel.# _____

THIRD PARTY PAYER: _____
(CONTACT PERSON)

THIRD PARTY PAYER'S ADDRESS: _____

THIRD PARTY PAYER'S TELEPHONE / EMAIL: _____

This form constitutes an agreement between the parent/student, the Third Party identified above and Yeshiva University. The student/parent as well as the Third Party are responsible for making timely and consistent payments. Payments must begin on or before the tuition due dates. The Third Party must indicate the student's name and YUID number on each payment submitted. This is necessary to ensure proper payment to the students account. All payments must be received before the end of the academic year.

PAYMENTS ARE DUE BY THE 30TH OF EACH MONTH (5 PAYMENTS MAX. PER SEMESTER)

If your payment schedule differs than scheduled below, the Third Party payer must notify the office in writing.

FALL SEMESTER

- | | |
|--------------|----------|
| 1. August | \$ _____ |
| 2. September | \$ _____ |
| 3. October | \$ _____ |
| 4. November | \$ _____ |
| 5. December | \$ _____ |

SPRING SEMESTER

- | | |
|----------|----------|
| January | \$ _____ |
| February | \$ _____ |
| March | \$ _____ |
| April | \$ _____ |
| May | \$ _____ |

BE SURE TO ALLOW TIME FOR MAIL TO REACH THE OFFICE OF STUDENT ACCOUNTS BY THE PAYMENT DUE DATES.

IT IS UNDERSTOOD THAT: Although Yeshiva University has allowed student tuition/fee payments to be received from a Third Party Payer, any payments listed above not received and all past due and current year balances and related charges are the student/parent responsibility. There is a \$40 annual fee to participate in this program.

Student/Parent Signature _____ Date _____